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DATE: 04-19-01
TO: Utility
FROM: Office of Initial Patent Examination
Unit 7 (RAM Team)
SUBJECT: Insufficient Funds

Deposit account number 230455

On 04-19-01 there were insufficient funds available to charge the attached fee.

If you have any question, please contact Cynthia Streater (OIFE/JCWS RAM- Team)
at 703-306-5430.

Terminal Operator: Senait



Dep sit Acc unt

Print Screen

Numbr: 230455

Balance Amount: 399.00

Hlder

Name: WARNER-LAMBERT PHARMACEUTICAL

Address

Attention: SUE MEGLETTI

Street: 201 TABOR ROAD

Province:

City: MORRIS PLAINS

State:

NJ

Postal Code: 07950

Country:

US

Tel phone: 973-540-4452

Fax: 973-540-3117

Details

Category Code: NONGOVNMNT

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